


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002098 1. Entity Name UNIM, LLC	
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Principal Place of Business 2385 EXECUTIVE CENTER DR., STE 270 BOCA RATON, FL 33431	Mailing Address 2385 EXECUTIVE CENTER DR., STE 270 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1158613	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	IVG EQUITIES, LLC
STREET ADDRESS	2385 EXECUTIVE CENTER DR # 290
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	APRIL EQUITIES, LLC
STREET ADDRESS	803 WEST AVE
CITY - ST - ZIP	ROCHESTER, NY 14611
TITLE	MGRM
NAME	WEXFORD EQUITIES, LLC
STREET ADDRESS	714 STUART AVE
CITY - ST - ZIP	MAMARONECK, NY 10543
TITLE	MGRM
NAME	STRATEGIC INTERNET MANAGEMENT, LLC
STREET ADDRESS	6430 MELALEUCA LANE
CITY - ST - ZIP	GREEN ACRES, FL 33463
TITLE	MGRM
NAME	SHELLZ LLC
STREET ADDRESS	2385 EXECUTIVE CENTER DR # 290
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	AMEN, GAIL
STREET ADDRESS	2385 EXECUTIVE CENTER DR #290
CITY - ST - ZIP	BOCA RATON, FL 33431

U000000249271
03/02/05-80065-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/28/05 561-644-3743